



DELFL—DALFL—DELFL Prim—Payment Information / Alliance Française de Dallas
 (to be filled out by each candidate)

First name :

Last name :

Session Date :

DELFL/DALFL tout public	DELFL Junior	DELFL Prim
A1 \$120	A1 \$120	A1.1 \$110 A1 \$120
A2 \$130	A2 \$130	A2 \$130
B1 \$140	B1 \$140	
B2 \$170	B2 \$170	
C1/C2 \$220		

Payment Method

Cash :

Check # _____ (payable to Alliance Française de Dallas)

PLEASE SEND THIS REGISTRATION FORM WITH YOUR PAYMENT TO:

Alliance Française de Dallas
 10830 N Central Expressway, Suite 252
 DALLAS, TX 75231

I understand that should I fail to be present the day of the examination, the fees of the units I have registered for will not be refunded to me.

Examinee's signature _____

Parents' signature _____ (For minors only)